

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Zaf Zafirelis, John Marous, Yih-Choung Yu, Kirk Lehmann, and Greg Johnson In re application of:

Application No.: 09/661,413 Group No.: 3751

Filed: September 13, 2000 Examiner: Huyen D. Le METHOD AND SYSTEM FOR CLOSED CHEST BLOOD FLOW SUPPORT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (37 C.F.R. § 1.191)

Applicant hereby appeals to the Board from the decision of the Primary Examiner, mailed October 3, 2003, finally rejecting claims 1, 4-9, 18-20, 24, 29, 32-34, 48, 51 and 52.

STATUS OF APPLICANT 1.

This application is on behalf of a small entity. A statement is attached.

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TECHNOLOGY CENTER R3700

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

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37 C.F.R. § 1.8(a)

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^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. § 1.17(b), the fee for filing the Appeal Brief is:

Small entity

\$165.00

Notice of Appeal fee due

\$165.00

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R.1.136 apply.

Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee

\$475.00

If an additional extension of time is required, please consider this a petition therefor.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee

\$165.00

Extension fee

\$475.00

TOTAL FEE DUE \$640.00

5. FEE PAYMENT

Attached is a check in the amount of \$640.00.

A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

If any additional extension and/or fee is required, and if any additional fee for claims is required, charge Deposit Account No. 19-0737.

and Schwarz

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